

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41277

State File No. _____

FILED DEC 2 - 1957

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 2048 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mayville</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Bedford</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>407 Dodge</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Clinton</u> c. (Last) <u>Sucas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 8, 1874</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months _____ Days _____	10. IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Harness Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hoperville, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Clinton Sucas</u>		13b. MOTHER'S MAIDEN NAME <u>Jemima Forsyth</u>	
14. NAME OF HUSBAND OR WIFE <u>Ellie Sucas</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George Sucas</u> ADDRESS <u>Bedford, Iowa</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Head of Pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Nov 22, 1957</u> , to <u>Nov 24, 1957</u> , that I last saw the deceased alive on <u>Nov 24, 1957</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>E. Shue, M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Mayville Mo</u>	
23c. DATE SIGNED <u>11/24/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11-27-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bedford, Iowa Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Bedford, Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank L. Luster</u> ADDRESS <u>Bedford</u>	
DATE REC'D BY LOCAL REG. <u>11-30-57</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

229
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, ~~or by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4517

P. O. Address Bedford, D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.